

**Commonwealth of Kentucky**  
**Office of Insurance**  
**Division of Agent Licensing**  
**PO Box 517, Frankfort, KY 40602-0517**  
**(502) 564-6004**  
<http://doi.ppr.ky.gov/kentucky/>

**CONTINUING EDUCATION CERTIFICATE OF COMPLETION**  
**UNLICENSED EMPLOYEES AND REPRESENTATIVES**

**RENTAL VEHICLE AGENT:** \_\_\_\_\_  
Name of Rental Vehicle Business Holding License

**ID Number:** \_\_\_\_\_  
Office of Insurance or Federal Employer Identification Number

Pursuant to KRS 304.9-505(4) and 806 KAR 9:265 Section 7, the above named licensed Rental Vehicle Agent certifies to the Executive Director that all of its unlicensed employees and representatives who sell rental vehicle insurance have received during each year of the immediate proceeding continuing education biennium\* at least one hour of continuing education relative to consumer protection disclosures required for the sale of rental vehicle insurance.

Further, the above named licensed Rental Vehicle Agent acknowledges that it is required by law to maintain documentation that all unlicensed employees and representatives have complied with this continuing education requirement. The documentation must be maintained for at least 3 years and must be made accessible to the Executive Director, Office of Insurance, upon request.

**Authorized Representative of the licensed Rental Vehicle Agent:**

_____ Signature	_____ Date
_____ Name (Typed or printed)	_____ Title (Typed or printed)
_____ Telephone Number	_____ E-mail Address

\* Each continuing education biennium begins the first day of the month following your birth month and ending the last day of your birth month two (2) years later, odd or even year, depending on the year you were born, pursuant to KRS 304.9-295.